

Commercial Insurance Quote Sheet

Customer Name: _____

Business Name: _____

Address (H): _____

Address (B): _____

PH (H): _____ PH (B): _____

SS#: _____ DOB: _____

DL#: _____ St Licensed: _____

Type of Business: _____

Yrs in Business: _____

Prior Insurance Carrier: _____ How long: _____

Individual: _____ Partnership: _____ Corporation: _____

Joint Venture: _____

Limit of Liability Desired: _____

Description of Operations:

Type of building: _____ Value of building: _____

Stories: _____ Basement: _____ Yr Built: _____

Total Sq Footage: _____ Roof Type: _____

Heating Type: _____

Building Improvements:

Wiring Yr. _____ Roof Yr. _____ Plumbing Yr. _____

Heating Yr. _____ Distance to Fire Hydrant: _____

Fire Station: _____

Vehicle Information: (If commercial coverage is desired)

Yr: _____

Make: _____

Model: _____

VIN #: _____

Desired Limits of Liability: _____

Desired Comp/Coll Deductibles: _____

Number of Employees: _____

Name: _____

DOB: _____

SS#: _____
DL #: _____
St Licensed: _____

Name: _____
DOB: _____
SS#: _____
DL #: _____
St Licensed: _____

Name: _____
DOB: _____
SS#: _____
DL #: _____
St Licensed: _____

Radius Traveled: _____

Tickets or Accidents (get date if they have it) in the last 3 years for all drivers:

Additional Buildings:

Commercial quotes could take up to 2 weeks to obtain, depending on type of coverage desired and type of business.